Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

	For the	e 2008 calend	ar year, o	or tax year beginning		, 2008, a	and endi	ng			,		
В	Check if	applicable		C Name of organization					D Employ	er Iden	tification N	umber	
	Add	iress change	Please use IRS label	SMALL WORLD C	HRISTIAN SCHOO	L			94-	1617	7558		
	Ħ	ne change	or print or type.	Number and street (or I	O box if mail is not delivered	to street add	dr) Room/s	suite	E Telepho	ne nun	nber		
	-	al return	Sée specific	1032 6TH STRE	ET				(20)	9) 5	523-43	88	
	\vdash	mination	Instruc- tions.	City, town or country		State	ZIP code +	4	,				
	\vdash	ended return		MODESTO		CA	95354		G Gross re	eceints	s 387	. 083.	_
	\vdash	olication pending	F Name a	and address of principal office			30001	H(a) Is this	a group return			Yes	X No
	☐ [~]	1		OLTON 1032 6th		CA	95354		l affiliates incl			Yes	No
$\overline{}$	Tay	exempt status					527	If 'No,	' attach a list.	(see in	structions)		ب
÷		site: ► N/A		(c) (3) / (msc	11110.) 14547 (4)	(1) 011	1027	H(c) Croup	exemption nu	.mbor	-		
K			X Corpora	ation Trust Ass	ociation Other	I v	and of Forms	ation 196	_ `_		legal domic		
	rt I	Summa		nion Trust Ass	ociation Other	L 16	ear or Forma	11011 190	3 IM 3	nate or	regai domic	ile CA	
Г				anization's mission or	most significant activiti	es PR	OPAGAT	E THE	GOSPEL	OF	JESUS	CHR	ТСТ
_	' '	briefly describ	o ale elg	arnzadorra mission or	most significant doubt.		2-1-12-11-1		222122			<u> </u>	
2	-												
Activities & Governance	-				INTERNAL REVI	ENUE S	SERVIC	Ē					
o Ve	2 (Check this box	< ▶ □	if the organization dis	continued itsprærations				% of its as	sets			
ଫ	1 8 1	Number of vot	ing mem	bers of the governing	body (Part VI, line 1a)					3	0		
9	4 1	Number of ind	ependen	voting members of th	e governing boxy (6 agt	1 henc ''Y	b)			4	0		
Ť	15	Lotal number (of emplo	/ees (Part V. line 2a)	_		• •	•			18		
ţ	6 7	Total number (or volunte	eers (estimate if neces	SERVICE CENT	ERDIRI	ECTOR	!		6	0		
				usiness revenue from	Part VIII; line 72, coluct Form 990-T, line All []	TON, KY	· ·			7a 7b			0.
AL (-7	D 1	vet unrelated	DUSINESS	taxable income nom	OITH 990-1, INVEZOR LI	WH #5		1 .		7.0			
3		O 4 b 4		L- (DA) (III 1 15)					Prior Year	74.	Cu	rent Ye	
2 %			_	ts (Part VIII, line 1h) ue (Part VIII, line 2g)				-	465,7				591. 488.
- E		_		rt VIII, column (A), lin		•			405,7	22.	 	302,	400.
ည္ဆို			-		6d, 8c, 9c, 10c, and 11	e)		·	4 4	56.			 -
١			•		t equal Part VIII, column		12)	` 	470,2			387.	083.
		•		ounts paid (Part IX, co		. (. ,),	· - /					<u> </u>	
,	l			nembers (Part IX, col									
	l .			· · · · · · · · · · · · · · · · · · ·	efits (Part IX, column (A). lines 5-	-10)		342,2	96.		316.	829.
963	l			g fees (Part IX, colum		.,,	,		<u> </u>			010,	0000
Expenses							•				 		
찣			•	ses (Part IX, column	· · · · · · · · · · · · · · · · · · ·	 	0.				 		
				X, column (A), lines 1					123,0				823.
	18	Total expense	s Add Iır	nes 13-17 (must equal	Part IX, column (A), lin	e 25) .			465,3				652.
	19 F	Revenue less	expenses	s. Subtract line 18 fror	n line 12				4,9	34.		-45,	569.
8								Begi	inning of Y		En	d of Yea	
Net Assets or Fund Balances		Total assets (F	-	•	• • • • • • • • • • • • • • • • • • • •				48,7				178.
A E	21 7	Total liabilities	s (Part X,	line 26) .				·	47,3		}	47,	358.
				inces Subtract line 21	from line 20				1,3	<u> 89.</u>		-44,	180.
Pa	<u>ırt II</u>	Signatu	re Bloc	<u>:k</u>									
		Under penalties	s of perjury.	I declare that I have examine	ed this return, including accomp er than officer) is based on all	anying scheo	dules and sta	atements, and	d to the best o	of my kı	nowledge ar	d belief, it	ıs
			1	Y/10A				.a.aa. a,	0/-	1 /	1		
Sig	gn	1 Val	sie	1 Holls					0/0	Ø	<u> [10 </u>		
He	re	Signature of	of officer					D	ate /		<i>'</i>		
			HOLT							_	_		
		Type or pri	nt name an	d title						1.			
_						\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ate		Check if self-		Preparer's ic (see instruct	entifying n ons)	.umber
Pa		Preparer's signature		n a		/		6	employed >	X			
Pro	e- rer's	signature		/mel	a remy	[0	8/23/	10					
Us		Firm's name (o yours if self-		hael A. Lopez	•								
Or		employed), address, and	<u>222</u>	South Thor S	t. Ste 21A			E	EIN ►				
		ZIP + 4		lock	CA	95380	0	F	Phone no	(20		<u>6-084</u>	
					n above? (see instruction			<u> </u>				es	No
BA	A For	Privacy Act a	nd Paper	work Reduction Act N	lotice, see the separate	instruction	ons.		TEEA0101	04/2	3/09 F	orm 990	(2008)

	SULT Statement of Program Consider Accomplishments (see instructions)	94-1	01/338	Page Z
<u>Par</u>				
1	Briefly describe the organization's mission: PROPAGATE THE GOSPEL OF JESUS CHRIST			
		-		
2	Did the organization undertake any significant program services during the year which were not listed o	n the prior		
	Form 990 or 990-EZ?		Yes	X No
	If 'Yes,' describe these new services on Schedule O.		_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	. Yes	X No
	If 'Yes,' describe these changes on Schedule O.		_	
4	Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are expenses, and revenue, if any, for each program service reported.	es by expense nd allocations	s. Section 50 to others, the	1(c)(3) e total
	202.550		^ ^	00 400 1
4a	PROVIDE CHRISTIAN PRE-SCHOOL EDUCATION FOR CHILDREN AGES	- -		
				
46	(Code:) (Expenses \$ including grants of \$	_) (Revenue	\$)
				
				 -
40	: (Code:) (Expenses \$ including grants of \$) (Revenue	\$)
				
				-
			-	
	10th and 10t			
40	1 Other program services. (Describe in Schedule O.)	ė		,
	(Expenses \$ including grants of \$) (Revenue			
4	e Total program service expenses ► \$ 323, 552. (Must equal Part IX, Line 25, column	ı (D).)		

Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A . and the second of the second o Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? Х 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Х 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 Х Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V. 10 X Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11 X Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 13 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the U.S.? Х 14a 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II. 15 Х 16 Х 17 Х 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I Х Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . 18 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III . 19 Х 19 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule ${\cal H}$ 20 Х 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Х 22 Х Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III . Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 59 If 'Yes,' complete 23 X Schedule J Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from Х 25b a prior year? If 'Yes,' complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.

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Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III

Page 4

Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: ر روس a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete 28b Schedule L, Part IV . Х c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 Х Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

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Form 990 (2008)

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94-1617558 Page **5**Yes No

			Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a (
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (0		
c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1c	Х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		3		
2b If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retuin	rn (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	covered by	3a		х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account.)	or other authority over, a nancial account)?	4a		<u>x</u>
b If 'Yes,' enter the name of the foreign country:				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of F Financial Accounts	oreign Bank and			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5b		<u>X</u>
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Prohibited Tax Shelter Transaction?	t Entity Regarding	5c		
6a Did the organization solicit any contributions that were not tax deductible? .		6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such cordeductible?	ntributions or gifts were not	6ь		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization provide goods or services in exchange for any quid pro quo contribution of	of more than \$75?	. 7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh Form 8282?	ich it was required to file	7c		<u>x</u>
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	s on a personal	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		. 7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as re	equired?	7g		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Fo	orm 1098-C as required?	7 h		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and supporting organizations. Did the supporting organization, or a fund maintained by a sponsor excess business holdings at any time during the year?	section 509(a)(3) ring organization, have	8		Х
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?		9a		Х
b Did the organization make any distribution to a donor, donor advisor, or related person?		9b		Х
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from other members or shareholders	11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	<u> </u>	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year .	12b			
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Form **990** (2008)

Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A.	Governing Body and Management				
		'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, des s, or changes in Schedule O. See instructions.	scribe the circumstances,	ند	Yes	No
1:	•	number of voting members of the governing body	1a 0			
		number of voting members that are independent	1b 0			
		fficer, director, trustee, or key employee have a family relationship or a business rela	tionship with any other			
_	officer, di	rector, trustee or key employee?	in the state of th	2		X
3	Did the or of officers	ganization delegate control over management duties customarily performed by or uno s, directors or trustees, or key employees to a management company or other person?	der the direct supervision	3		<u>x</u>
4		ganization make any significant changes to its organizational documents		4		<u>X</u>
		prior Form 990 was filed? .				
		ganization become aware during the year of a material diversion of the organization's	assets?	5	Х	
6	Does the	organization have members or stockholders?		6_		<u>X</u>
7	a Does the governing	organization have members, stockholders, or other persons who may elect one or mo body?	re members of the	7a		<u>x</u> _
- 1	b Are any o	lecisions of the governing body subject to approval by members, stockholders, or othe	r persons?	7b		<u>X</u>
8	Did the or the follow	rganization contemporaneously document the meetings held or written actions undertaing:	ken during the year by			
	a The gove	rning body?		8a		_X
- 1	b Each con	nmittee with authority to act on behalf of the governing body?		8b		<u>X</u>
9	a Does the	organization have local chapters, branches, or affiliates?		_9a		<u>X</u>
١	b If 'Yes,' d and brand	oes the organization have written policies and procedures governing the activities of sches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	9b		
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed? in Schedule O the process, if any, the organization uses to review the Form 990	All organizations must	10		<u>x</u> _
11	Is there a organizat	ny officer, director or trustee, or key employee listed in Part VII, Section A, who cannion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	ot be reached at the	11		x
Sec	ction B.	Policies				
			,		Yes	No
12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a		<u>X</u>
ı	b Are office to conflic	rs, directors or trustees, and key employees required to disclose annually interests th	at could give rise	12b		
	Schedule	organization regularly and consistently monitor and enforce compliance with the polic O how this is done		12c		
		organization have a written whistleblower policy?		13		<u> </u>
		organization have a written document retention and destruction policy?		14		Х
15	Did the papersons,	rocess for determining compensation of the following persons include a review and ap comparability data, and contemporaneous substantiation of the deliberation and decis	proval by independent ion:			
i	a The organ	nization's CEO, Executive Director, or top management official?		15a		_X
- 1		cers of key employees of the organization?		15b	Х	
	Describe	the process in Schedule O. (see instructions)				
16		rganization invest in, contribute assets to, or participate in a joint venture or similar ailing the year? $\dots\dots$	rangement with a taxable	16a		Х
	in joint ve	as the organization adopted a written policy or procedure requiring the organization to enture arrangements under applicable federal tax law, and taken steps to safeguard the th respect to such arrangements?	ie organization's exempt	16b		
Sec		Disclosures	•			
17		tates with which a copy of this Form 990 is required to be filed				
18	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and in Indicate how you make these available. Check all that apply	1 990-T (501(c)(3)s only) ava	ılable	for pu	blic
		website Another's website X Upon request				
19	Describe	in Schedule O whether (and if so, how) the organization makes its governing docume ts available to the public.	nts, conflict of interest policy	, and	fınanc	ıal
	State the	name, physical address, and telephone number of the person who possesses the boo				4200
	- NERRI	E MARTINEZ 1032 6TH STREET MODESTO CA	<u>A _ 95354 (2</u>	<u> </u>	<u> </u>	# <u>288</u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not		ate an	y of			rector,	trus			
(A)	(B)			(6				(D)	(E)	(F)
Name and Title	Average hours		tion (_	c all t	hat appl	_	Reportable	Reportable	Estimated amount of other
	per week	ਕਰੀਆਂਟੀ ਕੀ ਨਿਸ਼ਲ੍ਵੇਵ ਹਾ ਹੀਵਦਾਨਾ	anstitutional faist ee	Officer	Key employee	Hig) est compങ്ങൾed employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
KAREN HILL ASST. DIRECTOR	40.00	~				х		31,422.	0.	0.
	40.00	_			-			J1,422.	0.	
DEBBIE MARTINEZ TEACHER/MANAGER	40.00	٠			х			26,385.	0.	0.
ELSIE HOLTON										
DIRECTOR	35.00	Х						8,400.	0.	0.
					┢		-			_
		<u> </u>		\vdash	\vdash	 				<u> </u>
	-	 	-	-		-	-			
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										· · · · · · · · · · · · · · · · · · ·

Part VIII Section A. Officers, Directors, Trus	tees, K	(ey	Em	ıplo	oye	es,	and	d Highest Con	pensated Emp	loyees (cont.)
(A)	(B)			(6	•			(D)	(E)	(F)
Name and Title	Average hours			_	_		_	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	indiv	Instr	Officer	ě	Highest employe	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		rect:	htto	ğ	employee	est c	ner	(11 2 1033 111100)	(** 2 1033 11100)	organization and related
		ž į	nal t	1	loye	e om				organizations
	per week	stee	nstitutional trustee		6	Highest compensated employee				
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1 b Total	J							66,207.	0.	0.
2 Total number of individuals (including those in 1a) w	ho recei	ved	mor	re th	an S	\$100	0.000			
organization >						•	,		•	
										Yes No
3 Did the organization list any former officer, director of	or trusta	o ka) / A	mnle	01/04	or.	hiak	hest compensated	employee	
on line 1a? If 'Yes,' complete Schedule J for such in	dividual	Ç, K					ingi	nest compensated	employee .	3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	ortable	com	pen	satio	oņ a	nd c	other	compensation fro	οm	
the organization and related organizations greater the individual	an \$150),000)? It	· ·Ye		ompi		Schedule J for su	ch	4 X
			£					arranization for a		
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	edule J	for s	uch	m ar per:	ny u son	nreia	ateu	organization for s	services	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensate	d indep	ende	ent c	conti	ract	ors t	hat	received more tha	n \$100,000 of	
compensation from the organization								<u> </u>		
(A) Name and business addres	_							(B Description	of Sonuces	(C) Compensation
Name and pusitiess address	5							Description	of Services	Compensation
								-		
		<u> </u>	_			-				
	-					_				_
2 Total number of independent contractors (including	those in	1) w	/ho i	rece	ive	mo	re ti	han \$100,000 in		mission of the formation of the second of
compensation from the organization ►										the facility of the second

Pai	rt VIII Statement of Revenue		(D)		T (2)
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2.2	1a Federated campaigns . 1a				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
S, G	c Fundraising events . 1c 1,409.				İ
	d Related organizations 1 d				
S, C	e Government grants (contributions) 1 e				
ERS S	f All other contributions, gifts, grants, and	·			
를림	f All other contributions, gifts, grants, and similar amounts not included above . 1f 3, 182.				
Ĕ	g Noncash contribns included in Ins 1a-1f:\$				i
8₹	h Total. Add lines 1a-1f	4,591.			
ă	Business Code	200 400	200 400		
Ę	2a CHILD CARE 624410	382,488.	382,488.	0.	0.
Ä	b				<u> </u>
ž	<u></u>				-
A SE	a				_
Ϋ́	f All other program service revenue				
õ	g Total. Add lines 2a-2f	382,488.			· · · · · · · · · · · · · · · · · · ·
╬		302,400.			
	3 Investment income (including dividends, interest and other similar amounts)	4.	4.	0.	0.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties	_			
	(i) Real (ii) Personal				
	6a Gross Rents		!		
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory	-			
	b Less cost or other basis				
	and sales expenses c Gain or (loss)	1			
	d Net gain or (loss)				
					-
JE	8a Gross income from fundraising events (not including \$1,409.				
VEN	of contributions reported on line 1c).				
×RE	See Part IV, line 18 a				•
OTHER REVENU	b Less: direct expenses b				
Ö	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities.				
	9a Gross income from gaming activities. See Part IV, line 19 a	1			
	b Less: direct expenses b			 	
	c Net income or (loss) from gaming activities	·			
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold .				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				
	b	 			ļ
	c		ļ		
	d All other revenue		ļ		
	e Total. Add lines 11a-11d	·			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c. and 11e	387,083.	382,492.	٥.	0.

Page 10

Part Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	, and on general and a second	(A)	(B)	(C)	(D)
Dо 1 6Ь, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	57,807.	26,385.	31,422.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	195,414.	195,414.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	44,236.	44,236.	0.	0.
10	Payroll taxes	19,372.	16,968.	2,404.	0.
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	: Accounting				
d	Lobbying				
e	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
_	Other				
12	Advertising and promotion	7,620.	0.	7,620.	<u> </u>
13	Office expenses .	1,402.	0.	1,402.	0.
14	Information technology				
15	Royalties				
16	Occupancy .		_		
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	118.	0.1	118.	0.
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance				
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	SUPPLIES-GENERAL	7,644.	7,644.	0.	0.
	AUTO EXPENSE	300.	0.	300.	0.
	BANK SVC CHARGES	665.	0.	665.	0.
	BOOKS & PUBLICATIONS	6,636.	6,636.	0.	0.
•	TELEPHONE	1,944.	0.	1,944.	0.
f	All other expenses	89,494.	26,269.	63,225.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24f .	432,652.	323,552.	109,100.	0.
26	Joint Costs. Check here ►	_			
BAA					Form 990 (2008)

<u>ra</u>	ILV	M Balance Sheet		T	,		
			(A) Beginning of year		End	(B) of year	
	1	Cash – non-interest-bearing	. 16,307.	1		-25,0	47.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))		经验	STATE OF THE PARTY	7.4	
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .	, and the late of the part of the part of the late of	6		The state of the s	yes it is
Ą	7	Notes and loans receivable, net	32,400.	7		28,2	25.
ASSETS	8	Inventories for sale or use		8			
Ţ	9	Prepaid expenses and deferred charges		9			
٠		Land, buildings, and equipment: cost basis 10a					अन्य प्रदेश क्षेत्र क्षेत्र क्ष
		Less: accumulated depreciation Complete Part VI of		1			
	_	Schedule D 10b	Spring and a control control of the extra control of the	10 c			
	11	Investments – publicly-traded securities		11			
	12	Investments – other securities. See Part IV, line 11	1	12			
	13	Investments – program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	48,707.	16		3,1	78
-	17	Accounts payable and accrued expenses	40,707.	17	 	J, ±	70.
	18	Grants payable		18			
	19	Deferred revenue		19			
Ļ	20	Tax-exempt bond liabilities		20			
Ā	21	Escrow account liability. Complete Part IV of Schedule D		21			
В	22	Payables to current and former officers, directors, trustees, key employees,	VARIATION TO THE PARTY OF THE P			A SHAPE	
A B I L I T		highest compensated employees, and disqualified persons. Complete Part II		200			
E S		of Schedule L	· 	22			
S	23	Secured mortgages and notes payable to unrelated third parties	. 46 500	23		46.5	~~
	24	Unsecured notes and loans payable	46,500.	24	<u> </u>	46,5	
	25	Other liabilities Complete Part X of Schedule D	818.	25			<u>58.</u>
	26	Total liabilities. Add lines 17 through 25	47,318.	26		47,3	58.
N E T		Organizations that follow SFAS 117, check here ► and complete lines 27 through 29 and lines 33 and 34.					
Ą	27	Unrestricted net assets		27			
Š	28	Temporarily restricted net assets		28			
Š	29	Permanently restricted net assets		29			
Q R		Organizations that do not follow SFAS 117, check here ► X and complete		110			eren
		lines 30 through 34.			403		
DZC	30	Capital stock or trust principal, or current funds	-3,545.	30		1,3	89.
	31	Paid-in or capital surplus, or land, building, and equipment fund	•	31			
ţ	32	Retained earnings, endowment, accumulated income, or other funds	4,934.	32		-45,5	69.
BALAZCES	33	Total net assets or fund balances.	1,389.	33		-44,1	
Ĕ	34	Total liabilities and net assets/fund balances.	48,707.	34		3,1	
Pa	irt X	I# Financial Statements and Reporting	·····•				
						Yes	No
1	Ac	counting method used to prepare the Form 990: X Cash Accrual	Other			1	
		ere the organization's financial statements compiled or reviewed by an independent	t accountant?		2	-1	X
		ere the organization's financial statements audited by an independent accountant?			2	ь	Х
	c If "	Yes' to 2a or 2b, does the organization have a committee that assumes responsibilities, or compilation of its financial statements and selection of an independent acc	lity for oversight of the aud	dıt,	2	c	
3		a result of a federal award, was the organization required to undergo an audit or a		ınale	 	1 1	
	Au	dit Act and OMB Circular A-133?		2. ي	3	_	Х
	D IT	Yes,' did the organization undergo the required audit or audits?				m 990 (2000

M-12

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name (of the	organization							Employer	r identifica	tion number	
SMA	LL	WORLD CHRIS	TIAN SCHOOL			_			94-16	517558	8	_
Par	t I	Reason for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	(see ı	nstruct	tions)	_
The c	rga	nization is not a priv	vate foundation because	se it is: (Please check onl	y one o	ganizati	on.)					
1	\prod	A church, conventi	on of churches or asso	ociation of churches descr	ıbed ın s	section '	170(b)(1	χΑχί).				
2	X	A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	.)							
3	Ħ			organization described ii		n 1 70 (b)	(1)(A)(iii	i). (Atta	ch Sche	dule H.)		
4	Н		•	d in conjunction with a ho						-		l's
•	لسيا	name, city, and sta	• .	,	•			•	~ ~ ~		•	
5		An organization op 170(b)(1)(A)(iv). (0	perated for the benefit of Complete Part II.)	of a college or university			-	_	nental u	nıt desci	ribed in sectio	on
6	Ш			povernmental unit describe						_		
7		n section 170(b)(1	(Complete Pa			_	ernment	al unit d	or from t	he gene	ral public des	cribed
8	H	•		70(b)(1)(A)(vi). (Complete		-						
9		An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)										
10	П	An organization or	ganized and operated	exclusively to test for pub	lic safet	y. See s	ection 5	09(a)(4)). (see 1	nstructio	ons)	
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3) . Check the box that describes the type of supporting organization and complete lines 11e through 11h											
		a Type I	b Type II	c Type III				ad		dП	Type III- O	ther
				ganization is not controlle		-	_		more d			
е		than foundation ma 509(a)(2).	anagers and other than	one or more publicly sup	pported (organiza	itions de	scribed	ın secti	on 509(a	a)(1) or sectio	on .
f			received a written dete	ermination from the IRS th	hat is a	Туре I, Т	ype II o	r Type I	II suppo	rting org	janization,	
		check this box	, 2006 has the organizati	tion accepted any gift or		tion fron	n any of	the fell	owana na	orconc?		_
g		Since August 17, 2	2006, Has the organiza	tion accepted any gift of	CONTRIBU	tion non	il ally of	the lon	owing po	5130113:	T-	res No
		(i) a person who	o directly or indirectly of the su	controls, either alone or to upported organization?	ogether v	with pers	sons des	cribed i	n (II) an	d (III)	. 11 g (i)	ies ito
			nber of a person desc								11 g (ii)	
		• •	olled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)	ĺ
h		• •	• •	he organizations the orga		supports	s.					
		i) Name of Supported Organization	(il) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organizat (i) listed gove	Is the tion in cold in your erning ment?	(v) Did y	ou notify ization in (i) of upport?	organizat	s the ion in col zed in the S ?	(vii) Amount o	of Support
					Yes	No	Yes	No	Yes	No		
Total						,,	10 hg 129 1 h	<i>7</i>		,		

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1)	(-)(-)(-)(-)				
	tion A. Public Support		Τ		1	Τ			
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	B	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.').								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.								
4	Total. Add lines 1-3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support		1	,		r	 -		
	ndar year (or fiscal year nning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	В	(f) Total	
7	Amounts from line 4 .								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income form unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc. (see ins	structions)				12		
13	First five years. If the Form 990 organization, check this box and			nd, third, fourth, or			(c)(3)	▶ [
Sec	tion C. Computation of Pu	<u>blic Support l</u>	Percentage		 				
14	Public support percentage for 20	•	• •				14	%	
15	Public support percentage for 20	07 Schedule A, P	art IV-A, line 26f			[15	%	
16	a 33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a put	not check the book	x on line 13, and grant grant grant and grant	the line 14 is 33-1	/3 % or more	e, chec	k this box	
١	33-1/3 support test - 2007. If the and stop here. The organization	e organization did qualifies as a put	not check a box oblicly supported or	on line 13, or 16a, ganization.	and line 15 is 33	-1/3% or moi	e, ched	ck this box	
17 a	17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
ı	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test. The organia	s' test, check this t zation qualifies as	oox and stop here a publicly support	. Explain in f led organizat	Part IV ion.	how the	
18	Private foundation. If the organization	zation did not che	ck a box on line,	13, 16a, 16b, 17a,					
BAA	L				S	chedule A (F	orm 99	0 or 990-EZ) 200	

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

_		tod the box on th	ne 9 of Part I.)	***		==	
	tion A. Public Support				T	<u> </u>	
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	•					
5	The value of services or facilities furnished by a governmental unit to the organization without charge			-			
7 a	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)					•	<u></u>
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6				1		_
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is organization, check this box and	stop here	<u>.</u>	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	<u> </u>
	tion C. Computation of Pul			12 aslum- (6)		1451	
	Public support percentage for 200	•	• • •			15	<u> %</u>
	Public support percentage from 2				· · ·	16	%_
	tion D. Computation of Inv				(0)	- 1 4-1	
	Investment income percentage fo				mn (t))	17	<u>%</u>
18	Investment income percentage fro				 4 lm= 15	. 18	<u>%</u>
	33-1/3 support tests — 2008. If the more than 33-1/3%, check this bo	ox and stop here	. The organization	qualifies as a pu	blicly supported or	ganızatıon	▶ 📙
	33-1/3 support tests — 2007. If the is not more than 33-1/3%, check	this box and stop	p here. The organi	zation qualifies a	s a publicly suppoi	rted organization	

Schedule A	(Form 990 or 99	0-EZ) 2008	SMALL	WORLD	CHRISTI	AN SCHOO	L	94-1617558	Page 4
Part IV	Supplementa Part II, line 1	al Informat i 7a or 17b;	on. Com or Part I	plete th	is part to p 2. Provide	provide the any other	explanation requadditional inform	94-1617558 fired by Part II, line ation. (see instruction	10; ons)
		-			-	_			
	 								- - .
									
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SCHEDULE D' (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2000

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number

SMA	LL WORLD CHRISTIAN SCHOOL		94-1617558
Par	t I Organizations Maintaining Dono	r Advised Funds or Other Simila	r Funds or Accounts Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don funds are the organization's property, subject t	or advisors in writing that the assets held o the organization's exclusive legal contr	I in donor advised ol? Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for timpermissible private benefit??	s, and donor advisors in writing that gran he benefit of the donor or donor advisor o	nt funds may be or other Yes No
Par	t II Conservation Easements Comple	ete if the organization answered	
1	Purpose(s) of conservation easements held by		103 to 101111 330, 1 dit 14, iiile 7.
•	Preservation of land for public use (e.g., re		vation of an historically important land area
	Protection of natural habitat		vation of certified historic structure
	Preservation of open space		-
2		qualified conservation contribution in the	e form of a conservation easement on the last day
			Held at the End of the Year
á	Total number of conservation easements		2a
ŀ	Total acreage restricted by conservation easer	nents	2b
•	Number of conservation easements on a certif	ied historic structure included in (a)	2c
•	Number of conservation easements included in	n (c) acquired after 8/17/06	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or ter	rminated by the organization during the taxable
	year ►		
4	Number of states where property subject to co	nservation easement is located	
5	Does the organization have a written policy requenforcement of the conservation easement it has been seen as a second of the conservation of the conservation easement in the conservation of the conservation	garding the periodic monitoring, inspectio olds?	n, violations, and Yes No
6	Staff or volunteer hours devoted to monitoring,		
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easements during	g the year ► \$
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements	of section Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its reveni to the organization's financial statements	ue and expense statement, and balance sheet, and that describes the organization's accounting for
Pai	Till Organizations Maintaining Collection Complete if the organization ans	ections of Art, Historical Treasur wered 'Yes' to Form 990, Part IV	res, or Other Similar Assets /, line 8.
1	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or research in fu	tatement and balance sheet works of art, historical rtherance of public service, provide, in Part XIV,
I	treasures, or other similar assets held for publi amounts relating to these items	ic exhibition, education, or research in fu	tatement and balance sheet works of art, historical rtherance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	
	(i) Revenues included in Form 990, Part VIII,(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar as	ssets for financial gain, provide the following
;	Revenues included in Form 990, Part VIII, line	1	▶\$
1	Assets included in Form 990, Part X.		≻ \$

Schedule D (Form 990) 2008 SMALI	WORLD C	HRISTIAN	SCHOOL		94-161	7558	Page 2
Part III Organizations Mainta	ining Collec	ctions of Ar	t, Histori	cal Treasures, or	Other Similar Ass	ets (cont	inued)
Using the organization's accessio that apply):	n and other re	cords, check ar	ny of the fo	lowing that are a sign	nificant use of its collec	tion items (c	check all
a Public exhibition		dГ	l oan or d	exchange programs			
b Scholarly research		ا ۽	Other	oxonarigo programo			
c Preservation for future genera	ations	٠ ـ					
4 Provide a description of the organ		rtions and expl	ain how the	v further the organiz	ation's exempt number	ın	
Part XIV.	iization s cone	ctions and expi	ani now the	y further the organiz	ation's exempt purpose	111	
5 During the year, did the organizat assets to be sold to raise funds ra						Yes	No
Trust, Escrow and Cu IV, line 9, or reported	stodial Arra	angements on Form 99	Complete 0, Part X	if organization a , line 21.	answered 'Yes' to F	⁻ orm 990, 	Part
1 a Is the organization an agent, trus included on Form 990, Part X?					assets not	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV and	d complete the	following to	able:			
						Amount	
c Beginning balance					1 c		<u></u>
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1f		
2a Did the organization include an ai	mount on Form	n 990, Part X, I	ine 21?			Yes	No
b If 'Yes,' explain the arrangement							
Part V Endowment Funds Co	mplete if or	ganızation a	nswered	'Yes' to Form 99	0, Part IV, line 10.		
	(a) Current y	rear (b)	Prior year	(c) Two years back	(d) Three years back	(e) Four	years back
1 a Beginning of year balance .							
b Contributions							
c Investment earnings or losses							
d Grants or scholarships							
 Other expenditures for facilities and programs 							
f Administrative expenses .							
g End of year balance	<u>. —</u>						
2 Provide the estimated percentage	of the year er	nd balance held	l as [.]				
a Board designated or quasi-endow	ment 🕨						
b Permanent endowment ▶	%						
c Term endowment ▶	<u></u> €						
3a Are there endowment funds not in organization by:	n the possession	on of the organ	ızatıon that	are held and adminis	stered for the	Ye	s No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	
b If 'Yes' to 3a(II), are the related o	rganizations lis	sted as require	d on Sched	ule R?		3b	
4 Describe in Part XIV the intended							
Part VI Investments-Land, B					, line 10.		
Description of investment		(a) Cost or othe (investme	er basis	(b) Cost or other basis (other)	(c) Depreciation	(d) Book	(Value
1 a Land							
b Buildings							
c Leasehold improvements .	t						
d Equipment	· · · · · · · · · · · · · · · · · · ·						
- Otto-	· · · · · · · · · · · · · · · · · · ·						

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

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Schedule **D** (Form 990) 2008

Part VIII Investments—Other Securities See	<u>e Form 990, Part X, line</u>	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products .		
Closely-held equity interests		
Other		
-		
	 -	
		· · · · · · · · · · · · · · · · · · ·
	·- 	
	-	
Total. (Column (b) should equal Form 990 Part X, col (B) line 12)		
Part VIII Investments-Program Related (Se	ee Form 990, Part X, line	e 13)
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
· · · · · · · · · · · · · · · · · · ·		
 		
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13)	•	
Part Other Assets (See Form 990, Part	X, line 15)	
(a) Description	(b) Book value
<u> </u>		
	<u> </u>	
····		
Total. Column (b) Total (should equal Form 990, Part X,	col (B), line 15)	
ParitX Other Liabilities (See Form 990, ParitX	art X, line 25)	
(a) Description of Liability	(b) Amount	
Federal Income Taxes		_
PAYROLL TAX LIABILITY	858	<u>'-</u>
		<u>-</u>
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25	9) ▶ 858	

Schedule **D** (Form 990) 2008 SMALL WORLD CHRISTIAN SCHOOL

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

BAA

94-1617558

Page 3

Par	t XI	Reconciliation of Change in Net Assets from Form 990 to Fi	inancial Statements	
1		revenue (Form 990, Part VIII,column (A), line 12)		
2	Total	expenses (Form 990, Part IX, column (A), line 25)		
3	Exces	ss or (deficit) for the year. Subtract line 2 from line 1		
4	Net u	nrealized gains (losses) on investments		
5	Donat	ed services and use of facilities		
6	Invest	ment expenses		
7	Prior	period adjustments		
8	Other	(Describe in Part XIV)		
9		adjustments (net). Add lines 4-8		
		s or (deficit) for the year per financial statements. Combine lines 3 and 9	14211 0	
Par		Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	
1		revenue, gains, and other support per audited financial statements		1
		nts included on line 1 but not on Form 990, Part VIII, line 12:	- 1	
		nrealized gains on investments	2a	
		ed services and use of facilities	2b	
		veries of prior year grants	2c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		(Describe in Part XIV)	2d	
		nes 2a through 2d		2e
3		act line 2e from line 1		3
4		nts included on Form 990, Part VIII, line 12, but not on line 1		194 194
		tments expenses not included on Form 990, Part VIII, line 7b	4a	
		(Describe in Part XIV)	4b	
-		nes 4a and 4b	•	4c
		revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	nte With Expanses per	
		Reconciliation of Expenses per Audited Financial Statemen	its with Expenses per	1
		expenses and losses per audited financial statements	•	<u> </u>
		ints included on line 1 but not on Form 990, Part IX, line 25:	2a	-
		year adjustments	2b	1 - 2
		es reported on Form 990, Part IX, line 25	2c	, j.
		(Describe in Part XIV)	2d	
		nes 2a through 2d		
3		act line 2e from line 1		3
4		ints included on Form 990, Part IX, line 25, but not on line 1:		
		tments expenses not included on Form 990, Part VIII, line 7b	4a	
		(Describe in Part XIV)	4b	ا ا
		nes 4a and 4b		4c
		expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18)		5
	t XIV			
Com line	plete ti 4; Part	nis part to provide the descriptions required for Part II, lines 3, 5, and 9; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	III, lines 1a and 4; Part IV, li	nes 1b and 2b; Part V,
				·

Schedule D (Form 990) 2008 SMALL WORLD CHRISTIAN SCHOOL

94-1617558

Page 4

Schedule D (Form 990) 2008	SMALL WORLD CHR	ISTIAN SCHOOL		94-1617558	Page 5
Schedule D (Form 990) 2008 Part XIV Supplemental	Information (continu	ued)			
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	·	- 			
		- 			
		- 			
	- 				
	- 				
			. 		

SCHEDULE E (Form 990 or 990-EZ)

Schools

Employer identification number

OMB No. 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► To be completed by organizations that answer 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. Attach to Form 990 or Form 990-EZ.

94-1617558 SMALL WORLD CHRISTIAN SCHOOL YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . 1 Х 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, 2 Х and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No', please explain 3 Х RACIALLY NONDISCRIMINATORY POLICY IS STATED ON THE ADMISSIONS PAPERWORK FOR ALL APPLICANTS. Does the organization maintain the following? Х a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b X c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4d Х d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No,' to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to: 5a Х a Students' rights or privileges? 5b Х **b** Admissions policies? c Employment of faculty or administrative staff? 5с Х 5d Х d Scholarships or other financial assistance? 5e Х e Educational policies? . . 5f Х f Use of facilities? . . 5<u>g</u> Х g Athletic programs? . . . Х 5h h Other extracurricular activities? If you answered 'Yes,' to any of the above, please explain. (If you need more space, attach a separate statement.) X 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? . . Х 6Ь **b** Has the organization's right to such aid ever been revoked or suspended? . If you answered 'Yes,' to either line 6a or line b, please explain using an attached statement Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public luspection

Employer identification number

SMALL WORLD CHRISTIAN SCHOOL	94-1617558
Pt_VI-A, Line 5 THE SCHOOL DISCOVERED IN AUGUST 2008 THAT THE F	ASTOR OF
Pt VI-A, Line 5 OF THE CHURCH HAD EMBEZZLED FUNDS FROM THE SCHO	OOL
Pt_VI-A, Line 5 THE SCHOOL IS IN LITIGATION NOW.	
Pt VI-B, Line 15 COMPENSATION OF DIRECTORS AND KEY EMPLOYEES ARE	
Pt_VI-B, Line 15 UPON THE BUDGET FOR THE YEAR	
Pt VI-C, Line 19 FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLI	C UPON REQUEST
Pt VI-A, Line 8 MONTHLY MEETINGS ARE HELD, BUT NO MINUTES ARE T	'AKEN
Pt VI-A, Line 10 THE DIRECTOR OF THE SCHOOL REVIEWS THE 990 BEFO	DRE FILING

Supporting Statement of:

Form 990 p 9/Fundraising Events

Description	Amount
ELEMENTARY FUNDRAISER	139.
OTHER	1,248.
SPAGHETTI DINNER	22.

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
CHILDREN'S OFFERING DONATIONS	132. 3,050.
Total	3,182.

Supporting Statement of:

Form 990 p 10/Line 5 col (A)

Description	Amount
KAREN HILL DEBRA MARTINEZ	31,422. 26,385.
Total	57,807.

Supporting Statement of:

Form 990 p 11/Line 24, column (A)

Description	Amount
NOTE PAYABLE-CENTRE POINT CHRISTIAN CTR NOTE PAYABLE-GARDEN WEDDING CHAPEL	20,000. 26,500.
Total	46,500.